| Sequence No: | | OUNTY OF LOS AN | |
|--|---|-----------------|---|
| | COLLECTIO | N REFERRAL TRA | NSMITTAL |
| Dept. Name Dept. Name | leadquarters Address) epartment of Mental Health | | Person Preparing Referral <u>(Your Name)</u> |
| | 50 S. Vermont Ave. | | Telephone no.: (Your Telephone) |
| <u>L</u> | os Angeles 90020 | | |
| ATTACHED ARECOLLECTION REFERRALS IN THE AMOUNT OF \$ (NUMBER) FORWARDED FOR COLLECTIONS. | | | |
| NAME | OF ACCOUNT | \$ AMOUNT | REMARKS |
| Doe, John (Same | as Referral) | \$112.00 | 1209818 (MIS#) |
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| ADDITIONAL REFERRALS MAY BE LISTED ON A SEPARATE SHEET AND ATTACHED | | | |
| WHEN COMPLETED MAIL COPIES 1 AND 2 TO: DEPARTMENT OF COLLECTIONS 437 Hall of Administration 500 W. Temple St. | | | of Administration |
| (Retain Copy 3 for y | our records) | | eles, CA 90012 |
| FOR DEPARTMENT OF COLLECTIONS USE ONLY | | | |
| No. of Accounts Received | | erified y | No. of Accounts Returned |
| Total | г |)ate | Amount \$ |